CHILDREN FIRST 2016

OKLAHOMA'S NURSE - FAMILY PARTNERSHIP
STATE FISCAL YEAR 2016 ANNUAL REPORT

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PROGRAM OVERVIEW

HISTORY

In 1996, the Oklahoma State Legislature authorized legislation to create Children First. Representatives from Tulsa Children's Consortium, the Oklahoma State Legislature and the Oklahoma State Department of Health reviewed home visiting models and chose to implement the "Olds Model," now known as Nurse-Family Partnership (NFP). Implementation began in SFY 1997 with pilot sites in Garfield, Garvin, Muskogee and Tulsa Counties. Current funding supports approximately 95 nurse and supervisor positions.

Oklahoma utilizes the NFP model to improve child health outcomes and minimize risk factors known to contribute to child maltreatment. The NFP model is based on more than three decades of research by David Olds, Ph.D. and colleagues. NFP has been recognized by the United States Department of Health and Human Services as an evidence-based model.[1] In addition, the model has been recognized by the Coalition for Evidence-Based Policy as meeting "top tier" evidence of effectiveness and by the Centers for Disease Control and Prevention (CDC) as a program that has great potential to reduce the economic burden of child maltreatment.[2,3] The model has been found to reduce the cost of long-term social services and to benefit multiple generations by striving to:

- Improve pregnancy outcomes by helping women alter their health-related behaviors, including reducing use of cigarettes, alcohol and illegal drugs;
- Improve child health and development by helping parents provide more responsible and competent care for their children; and
- Improve families' economic self-sufficiency by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.[4]

MISSION

The mission of Children First is to empower first-time eligible families to care for themselves and their babies by providing information and education, assessing health, safety and development and providing linkages to community resources, thereby promoting the well-being of families through public health nurse home visitation, ultimately benefiting multiple generations.

SERVICES

Home visitation services are provided through the county health departments under the Oklahoma State Department of Health and at the independent City-County Health Departments in Oklahoma and Tulsa Counties. A first time mom, referred to as a client in this report, is enrolled prior to 29 weeks of pregnancy. Specially trained public health nurses provide assessments, education, information and linkages to community services to meet needs identified for each family. Nurse home visitors follow public health protocols and evidence-based NFP visit guidelines that focus on five domains of functioning: 1) personal health, 2) environmental health, 3) maternal life course development, 4) maternal role development and 5) networks for supportive relationships. Standardized assessment tools are utilized to assess risks for depression, substance abuse, intimate partner violence, physical abnormalities, child growth and developmental delays. Services rendered by the nurses are not intended to replace services provided by the Primary Care Provider (PCP). In fact, nurses often consult and collaborate with both the client's and child's PCP to ensure continuity of care and improved health outcomes. Children First services are provided to:

- Improve maternal health throughout pregnancy and after the child's birth;
- Improve child health and development from birth to age two;
- Enhance family functioning and family stability;
- Improve maternal life course development; and
- Decrease the risk of injury, abuse and neglect.

1. Avellar, S., Paulsell, D., Sama-Miller, E., and Del Grosso, P. (2013). Home Visiting Evidence of Effectiveness Review: Executive Summary. Office of Planning Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, Washington, D.C.
2. Coalition for Evidence-Based Policy. Retrieved from: http://toptierevidence.org/
3. Child Maltreatment: Prevention Strategies. Centers for Disease Control and Prevention. Retrieved from: http://www.cdc.gov/ViolencePrevention/childmaltreatment/prevention.html.
4. Oklahoma Children First Program Evaluation Report. Nurse-Family Partnership, September 24, 2010.

SCREENING TOOLS

- Edinburgh Postnatal Depression Scale (Client)
- Health Habits Questionnaire (Client)
- Domestic Violence Questionnaire (Client)
- Ages and Stages Developmental Questionnaire (Child)
- Ages and Stages Social-Emotional Questionnaire (Child)
- DANCE (Dyadic Assessment of Naturalistic Caregiver-Child Experiences) (Client & Child)
- Child Well-Being Scales (Child)

NURSING ASSESSMENTS

- Brief Health Assessments of Client and Child
- Vital Signs of Client and Child
- Client Weight and Blood Pressure
- Child Weight and Height

ENROLLMENT

Women enrolling in the Children First program must meet the following criteria:

- The participant must be a first time mother;[5]
- The monthly household income must be at or below 185% of the federal poverty level; and
- The mother must be less than 29 weeks pregnant at enrollment.

Participation in Children First is voluntary. While the NFP intervention is designed to start early in the pregnancy and continue until the child's second birthday, clients are not obligated to participate for any finite length of time.

VISIT SCHEDULE

The suggested visit schedule is as follows:

- Weekly for four weeks following enrollment;
- Every other week until the baby is born;
- Every week during the six-week postpartum period;
- Every other week until the child is 21 months of age; and
- Monthly until the child turns 2 years of age.

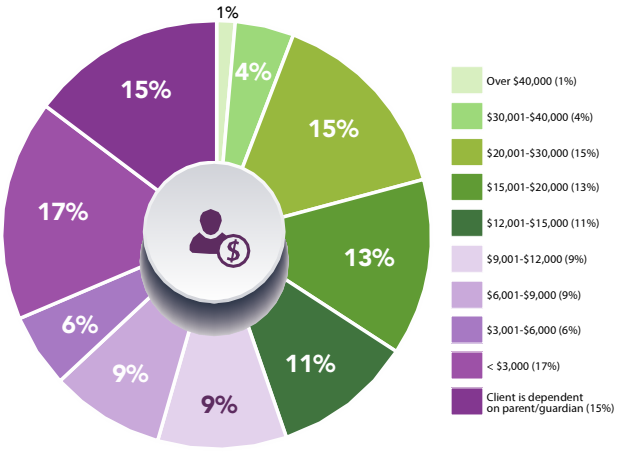
PROGRAM COSTS

During SFY 2016, a total of $11,578,460 was expended on Children First activities. Funding sources included state appropriations, county millage, and Medicaid reimbursements as well as federal funds from the Community-Based Child Abuse Prevention Grant and the Maternal, Infant and Early Childhood Home Visiting Grant. The cost per family was $3,739 (total expenditures divided by the number of families served). The data in this report does not include clients served by the Maternal, Infant and Early Childhood Home Visiting Grant.

5. A first time mother is: 1) a woman who is expecting her first live birth, has never parented and plans on parenting this child; 2) a woman who is expecting her first live birth, has never parented and is contemplating placing the child for adoption; 3) a woman who has been pregnant, but has not delivered a child due to abortion or miscarriage; 4) a woman who is expecting her first live birth, but has parented stepchildren or younger siblings; 5) a woman who has delivered a child, but her parental rights were legally terminated within the first few months of that child's life; or 6) a woman who has delivered a child, but the child died within the first few months of life.

PARTICIPANT CHARACTERISTICS

Reports show that home visitation programs have the most benefit for young mothers with low financial, social or psychological resources.[6] In addition to these characteristics, the NFP model is designed specifically to target first time pregnant woman to provide the best chance of promoting positive behaviors before negative ones have taken hold.[7] Throughout the years, Children First has been successful in enrolling clients who meet these characteristics. The following demographics reflect the status of new Children First clients at enrollment during SFY 2016, unless otherwise stated.



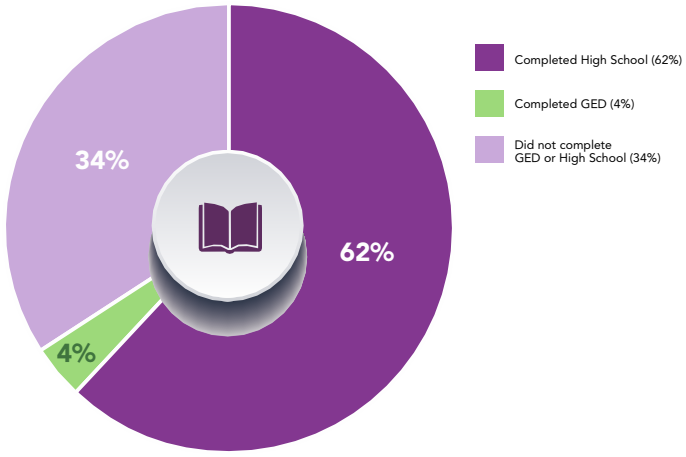
HOUSEHOLD INCOME *Figure 1*

In order to participate in Children First, the client must not have a household income greater than 185% of the federal poverty level. This dollar amount varies based on the number of people in each household. For a single woman living alone, an income of $21,775 would meet the financial criteria. For a couple expecting their first baby, this amount increases to $29,471.[8] Sixty-five percent of new Children First enrollees in SFY 2016 had an annual household income of $20,000 or less and fifteen percent were dependent on a parent/guardian.

AGE OF CLIENT					
UNDER 18	18-19	20-24	25-29	30 & OLDER	RANGE: 13-44
16%	24%	41%	12%	7%	MED=21

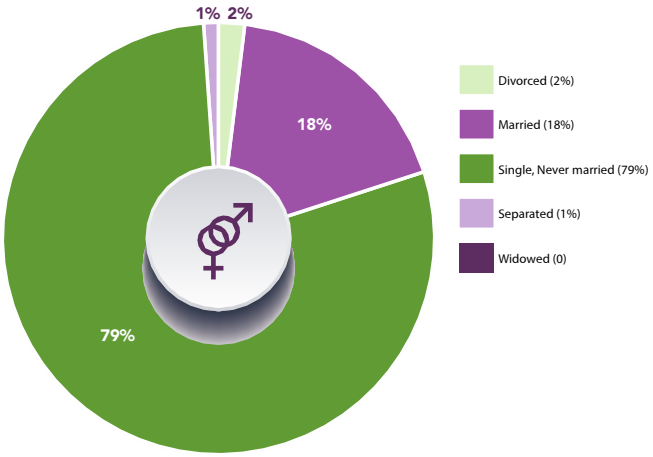
AGE *Figure 2*

The median age of new enrollees in SFY 2016 was 21 years of age and the age range was 13 to 44 years of age. At enrollment in SFY 2016, forty percent of Children First clients were under the age of 20 and eighty-one percent were under the age of 25.



EDUCATION *Figure 3*

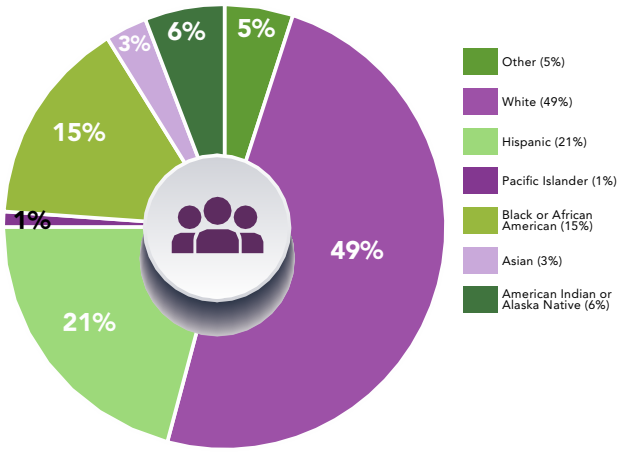
In SFY 2016, sixty-six percent of new Children First enrollees had completed high school or a GED. Among mothers who had not completed high school or a GED, fifty-four percent were currently enrolled in school.



MARITAL STATUS *Figure 4*

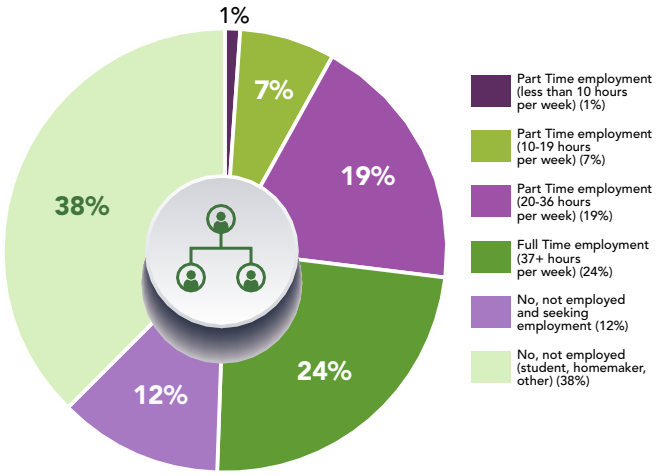
At enrollment in SFY 2016, most (seventy-nine percent) new Children First clients were single, never married.

6. Centers for Disease Control and Prevention. Task Force on Community Prevention Services. First Reports Evaluating the Effectiveness of Strategies for Preventing Violence: Early Childhood Home Visitation. MMWR. October 3, 2003.
7. Goodman, A. Grants Results Special Report: The Story of David Olds and the Nurse Home Visiting Program. Robert Wood Johnson Foundation. July 2006.
8. 2015 Poverty Guidelines. Office of the Assistant Secretary for Planning and Evaluation. United States Department of Health and Human Services. Retrieved from: https://aspe.hhs.gov/2015-poverty-guidelines#guidelines



RACE/ETHNICITY *Figure 5*

Slightly less than half (forty-nine percent) of new Children First clients in SFY 2016 identified themselves as White. Almost half (forty-two percent) identified themselves as Hispanic, Black, or American Indian.



EMPLOYMENT *Figure 6*

Half (fifty percent) of Children First enrollees in SFY 2016 were unemployed at the time of enrollment. Twenty-four percent were employed full-time.

HOUSEHOLD COMPOSITION	
	PERCENT
Father of the Child	52%
Other Family Members	41%
Client's Mother	30%
Husband/Partner	2%
Other Child	3%

HOUSEHOLD COMPOSITION *Figure 7*

Just over half (fifty-two percent) of all new Children First clients lived with the father of their child in SFY 2016.

HEALTH CONCERNS	
	PERCENT
High Body Mass Index	51%
Depression	23%
Asthma	18%
Previous Miscarriage, Fetal or Neonatal Death	14%
Other mental health issues	14%
No concerns	40%

HEALTH CONCERNS *Figure 8*

Pregnancy and birth outcomes are impacted by a client's pre-pregnancy health status. Nurses utilize well-developed tools and questionnaires to assess the client's health status at enrollment. As partners, the client and nurse develop a plan of care to reduce factors associated with poor birth outcomes. The number one health concern identified at enrollment was having a high body mass index. Just over half (fifty-one percent) of new Children First clients were identified as overweight or obese (pre-pregnancy weight). Only forty percent of new enrollees did not have at least one health concern at the time of enrollment in SFY 2016.

LIFE STRESSORS	
	PERCENT
Close family member became sick or died	24%
Client became separated or divorced	15%
Person close to the client had a problem	24%

LIFE STRESSORS *Figure 9*

Assessments performed at client enrollment yield information on the types of stressors experienced by Children First clients. Questionnaires are designed to elicit information about the client's social environment, such as adequacy of housing, exposure to intimate partner violence, family stressors, incarcerations, etc. Nurses use this information to assist families in identifying areas for behavioral change and accessing needed community services.

NINETY PERCENT OF CHILDREN FIRST CLIENTS WHO GAVE BIRTH IN SFY 2016 RECEIVED 10 OR MORE PRENATAL CARE VISITS.

MATERNAL HEALTH OUTCOMES

PRENATAL CARE

Beginning prenatal care in the first trimester and attending regular prenatal visits help to ensure a healthy pregnancy and increase the probability of having a healthy baby. By allowing a healthcare provider to identify potential problems early, the majority of pregnancy and birth related health issues can be prevented.[9] Children First nurses stress the importance of early and adequate prenatal care as well as connect their clients to a PCP. During the course of the pregnancy, the Children First nurse and PCP are in contact and share pertinent health information about the client to ensure continuity of care.

POSTPARTUM DEPRESSION

Postpartum depression is not preventable, but it can be treated. Nationally, approximately thirteen percent of women display symptoms of depression after the delivery of a baby.[10] Early detection of postpartum depression is a goal of Children First. Children First nurses administer the Edinburgh Postnatal Depression Scale screening at enrollment, at 36 weeks pregnancy, during the immediate postpartum period, at 4-6 months postpartum, at 12 months postpartum, and at any time that depression is suspected. Should the screening indicate signs of depression, according to the scoring tool, the Children First nurse will immediately connect the client to a healthcare or mental healthcare professional and follow up at the next visit.

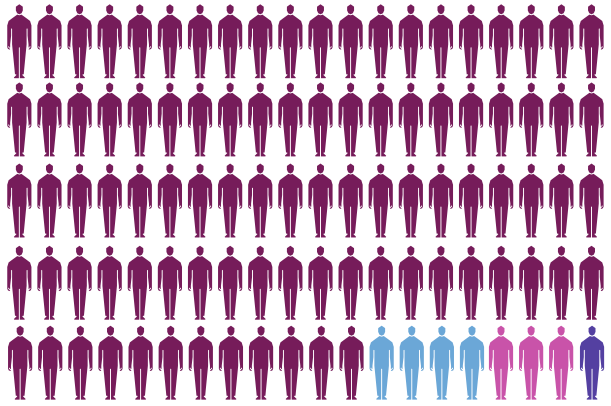
SMOKING CESSATION

Smoking is one of the most important known preventable risk factors for low birth weight and preterm delivery as well as many other adverse pregnancy and birth outcomes. Additionally, exposure to secondhand smoke is a major cause of childhood disease and illness, including asthma.[11] Children First nurses utilize motivational interviewing techniques to guide behavior change and refer smokers to the Oklahoma Tobacco Helpline as well as their PCP to help clients decrease tobacco use.

There were 3,773 Edinburgh Postnatal Depression Scale screenings administered to 1,572 mothers in SFY 2016. Approximately twelve percent of these screenings indicated signs of depression and required immediate attention by a healthcare or mental health professional.

SMOKING

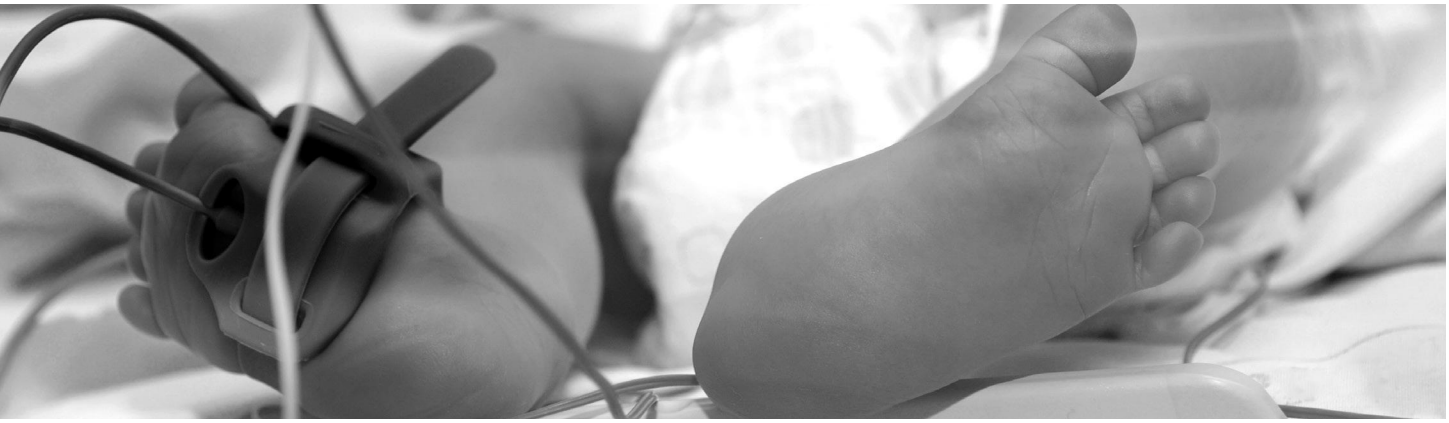
Figure 10



95% percent of Children First clients served in SFY 2016 quit, reduced, or never began smoking between intake and 36 weeks of pregnancy.

- Clients who did not smoke at intake and still do not smoke (92%)
- Clients who smoked at intake and still smoke (4%)
- Clients who reduced or quit smoking by 36 weeks of pregnancy (3%)
- Clients who increased or began smoking since intake (1%)

9. Prenatal Care. Medline Plus. Retrieved from: http://www.nlm.nih.gov/medlineplus/prenatalcare.html
10. Postpartum Depression. JAMA Patient Page. Retrieved from: http://jama.jamanetwork.com/article.aspx?articleid=186751
11. Tobacco Use and Pregnancy. Centers for Disease Control and Prevention. Retrieved from: http://www.cdc.gov/reproductivehealth/tobaccousepregnancy/



CHILD HEALTH OUTCOMES

GESTATIONAL AGE AND BIRTH WEIGHT

Gestational age is the number of weeks between the date when the last normal menses began and the date of birth. Full term is defined as a pregnancy lasting 40-41 weeks. Preterm birth is the birth of an infant prior to 37 weeks gestation and very preterm defines those born prior to 32 weeks gestation. According to the CDC, preterm birth is the most frequent cause of infant death, the leading cause of long-term neurological disabilities in children, and costs the United States' healthcare system more than $26 billion each year.[12,13] Babies born weighing at least five pounds eight ounces (2,500 grams) are considered normal birth weight. Babies born weighing less than five pounds eight ounces are considered low birth weight, and very low birth weight infants are those weighing less than three pounds five ounces (< 1,500 grams). Babies born at low and very low birth weight are at increased risk for health problems and developmental delays.[13] Children First nurses perform a brief health assessment at every prenatal home visit. These assessments include a short health questionnaire, weight and blood pressure measurements to assess for signs and symptoms related to pre-eclampsia and gestational diabetes, and risk factors for preterm birth and/or delivery of a baby with low birth weight.

In SFY 2016, 14% of Children First mothers reported that their baby spent time in the NICU.

NEONATAL INTENSIVE CARE UNIT

Babies born early, with low birth weight or other birth complications, may spend time in the Neonatal Intensive Care Unit (NICU). Time spent in the NICU translates into decreased attachment and bonding between mom and baby. The physical assessments conducted by Children First nurses intended to reduce the risk of preterm labor and babies born with low birth weight, also help to prevent entry into the NICU. If the baby does need to be admitted to the NICU, the Children First nurse will tailor the curriculum to help the mother care for her baby's unique needs.

Of all Children First babies born in SFY 2016, 9% were born preterm and 2% were born very preterm. Of all Children First babies born in SFY 2016, 10% were born with low birth weight and 1% were born with very low birth weight.

BREASTFEEDING

Babies who are breastfed are typically healthier and have reduced risks for Sudden Infant Death Syndrome. The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists promote breastfeeding because of the benefits for both mom and baby. Children First nurses provide facts about the benefits of breastfeeding for both mom and baby as well as dispel myths. Additionally, Children First nurses demonstrate breastfeeding holds using models, and after the baby is born, can provide assistance while the mother is breastfeeding. The nurse can connect the client with a lactation consultant if necessary.

Among Children First mothers who gave birth in SFY 2016, 88% initiated breastfeeding with their new infant.

12. Preterm Birth. Centers for Disease Control and Prevention. Retrieved from: http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/PretermBirth.htm
13. Birth Weight. March of Dimes. Retrieved from: http://www.marchofdimes.org/mission/the-economic-and-societal-costs.aspx

CHILD HEALTH OUTCOMES

DEVELOPMENTAL MILESTONES

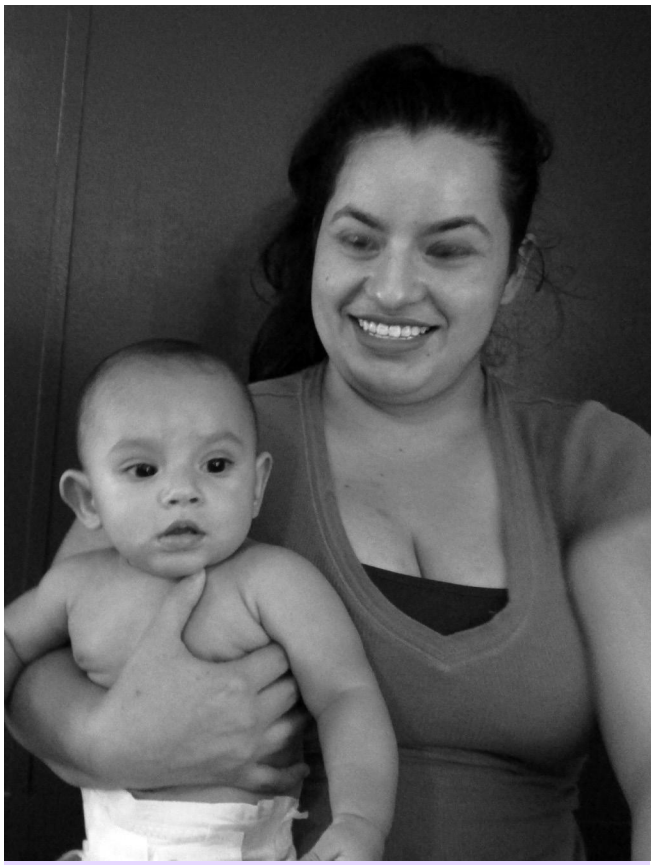
The Ages and Stages developmental assessment tool is utilized to assess cognitive, language, motor, problem solving, social and emotional milestones for children enrolled in Children First. These screenings are administered to children enrolled in the program regularly, beginning when the child is two months of age. If a delay is suspected, according to the scoring tool, the nurse will refer the client to SoonerStart (early intervention), Child Guidance, or the child's PCP.[14]

There were 3,570 Ages and Stages Questionnaires completed in SFY 2016 for Children First clients. In addition, 1,254 Ages and Stages – Social-Emotional Questionnaires were completed.

IMMUNIZATIONS AND WELL CHILD EXAMS

Children First nurses encourage and refer clients to the child's PCP to maintain an up-to-date status for child immunizations and well child examinations. Immunization records are retrieved from the state database and reviewed with the client. Clients can also use these records as proof of immunization when enrolling in daycare. The Children First nurse will review the assessments completed by the PCP during the well child visit with the client to build an understanding of their child's health.

At their last home visit in SFY 2016, 93% of Children First mothers reported that their child was up-to-date on their immunizations and 88% were up-to-date on their well child exams.



Ana Martinez
OKLAHOMA COUNTY

14. SoonerStart is an early intervention program for families of infants and toddlers (birth to 36 months) who have developmental delays. Retrieved from: https://www.ok.gov/health/County_Health_Departments/Carter_County_Health_Department/SoonerStart_Early_Intervention/

FAMILY SAFETY OUTCOMES

INTIMATE PARTNER VIOLENCE

Intimate partner violence is a serious, preventable public health problem that affects millions of Americans. Physical, sexual, or psychological harm caused by a current or former partner not only negatively affects the physical and emotional well-being of the mother, but her children as well.[15] Children First nurses assess their clients at intake, 36 weeks of pregnancy, and when the child is 12 months of age, using a questionnaire which asks about physical, sexual, and emotional abuse. If any concerns arise, a safety plan is created by the client with the help of the nurse and a referral is made to local domestic violence services.

INTIMATE PARTNER VIOLENCE

Figure 11

In SFY 2016, 93% of Children First clients did not experience domestic violence in the past six months.

- Clients who were not experiencing domestic violence at intake and are still not experiencing domestic violence (74%)
- Clients who were experiencing domestic violence at intake, but are now not experiencing domestic violence (19%)
- Clients who were not experiencing domestic violence at intake, but are now experiencing domestic violence (3%)
- Clients who were experiencing domestic violence at intake and are still experiencing domestic violence (4%)

CAR SEAT SAFETY

Ninety-nine percent of Children First clients report always traveling with their child in a car seat in SFY 2016.

INJURY PREVENTION

According to the CDC, unintentional injuries such as suffocation, drowning, motor vehicle crashes, and burns are the leading causes of death and disability for children under 4 years of age.[16] Children First nurses conduct a home safety check with the family when the child is 2, 10, and 21 months of age. These safety checks include an inspection of the crib to ensure a safe sleep environment that is free from stuffed animals, bumper pads, pillows, and other people; inspection of smoke detectors, including number, placement, and working order; as well as multiple discussions about car seats, water safety, gun safety, etc.

WATER SAFETY

One-hundred percent of Children First clients reported never leaving their child unattended near water in SFY 2016.

SAFE SLEEP

Forty-six percent of Children First clients with a child two months of age reported never co-sleeping with their child, and 33% reported co-sleeping with their child only some of the time in SFY 2016.

15. Intimate Partner Violence. Injury Prevention and Control: Centers for Disease Control and Prevention. Retrieved from: http://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html
16. National Action Plan. Centers for Disease Control and Prevention, Retrieved from: http://www.cdc.gov/safechild/NAP/background.html

CHILD MALTREATMENT

Of the 1,820 children who received at least one home visit from Children First in SFY 2016, 1,722 of them (95 percent) had not been named as a potential victim in an Oklahoma Department of Human Services (OKDHS) report after enrolling in Children First. Furthermore, 1,812 of them (99 percent) have not had a confirmed child maltreatment case with OKDHS since enrolling in Children First. None of the Children First children served in SFY 2016 had been named in a report to OKDHS for sexual abuse. It is noteworthy that only 5 percent of the Children First families served in SFY 2016 had been reported for potential maltreatment despite all entering in the program with risk factors.

Figure 12

CHILDREN WITH A CONFIRMED CASE OF MALTREATMENT

The data below is related to the 8 confirmed cases of maltreatment among children participating in Children First during SFY 2016. The family may or may not have been actively engaged in Children First at the time the report was made.

Gender of Victim	Percent
Male	63%
Female	38%
Type of Maltreatment in Confirmed Cases	
Physical Abuse	25%
Neglect	75%
Both	0%
Sexual Abuse	0%
Type of Neglect in Confirmed Abuse Cases	
Threat of Harm	100%
Other Includes: Beating/hitting, exposure to domestic violence, failure to protect, inadequate or dangerous shelter, inadequate physical care, threat of harm, and thrown.	0%
Type of Physical Abuse in Confirmed Neglect Cases	
Threat of Harm	25%
Other Includes: Burning/scalding, failure to obtain medical attention, failure to protect, failure to provide adequate nutrition, inadequate or dangerous shelter, inadequate physical care, lack of supervision, and thrown.	75%
Perpetrators in Confirmed Maltreatment Cases	
Mother	59%
Father	29%
Grandparent	0%
No Relation	12%

Gertoria Mitchell
OKLAHOMA COUNTY

FAMILY STABILITY OUTCOMES

FATHER INVOLVEMENT

When fathers are involved in the lives of their children, the children are more likely to exhibit healthy self-esteem and do well in school.[17] Children First nurses encourage the father of the baby to participate in all home visits. If the father is unable to participate, activities are left with the mother for the father to use at a later date. The importance of the client's personal relationships is discussed, including having a supportive relationship with a person who gives mutual emotional and monetary support.

FATHER INVOLVEMENT

Figure 13

96% percent of Children First fathers spent time with their child in SFY 2016.

- Fathers who spent time with their child at intake and still spend time with their child (72%)
- Fathers who have decreased their time spent with their child since intake (16%)
- Fathers who have increased time spent with their child since intake (8%)
- Fathers who did not spend time with their child at intake and still do not spend time with their child (4%)

17. Rosenberg, J. and Wilcox, W.B. The Importance of Fathers in the Healthy Development of Children. The U.S. Department of Health and Human Services Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect, Chapter 3 (2006).

PREGNANCY SPACING

The amount of time between pregnancies, known as the interpregnancy interval, is calculated as the number of months between the date the last pregnancy ended and the date of the last menstrual period prior to the subsequent pregnancy. According to the CDC, women with short interpregnancy intervals may be at risk for poor pregnancy outcomes.[18] The recommended time between birth and the next pregnancy is a minimum of eighteen months.[19] Children First nurses educate their clients on the importance of family planning and refer them to their local county health department or PCP to receive a form of birth control.

SOCIOECONOMIC INDICATORS

Economic security is important to the well-being of children and families. Poverty places families with children at risk of experiencing unhealthy outcomes. The stress of unemployment places a burden on parents as well as financially straining the family. Parents with less education often have lower household incomes, even if they are employed full-time.[20] Children First nurses connect their clients to local services to further their education and/or obtain a job thereby increasing their income. Financial aptitude, using credit wisely, and saving are all topics that are covered during visits, including active skills building for money management.

SPACING

Only 11% percent of Children First clients served in SFY 2016 were pregnant with their second child before their first child reached one year of age. By the time their first child reached 18 months of age, 25% of Children First mothers were pregnant with their second child.

EMPLOYMENT

Of the Children First clients served in SFY 2016 who were unemployed at intake, 64% had found work by the time their child was six months of age.

HOUSEHOLD INCOME

Of the Children First clients served in SFY 2016, 51% increased their household income by the time their child was 12 months of age.

EDUCATION

Among the Children First clients over the age of 18 served in SFY 2016 who did not have a high school diploma or GED at intake, 33% earned their high school diploma or GED by the time their child was 18 months of age.

18. Interpregnancy Interval. Centers for Disease Control and Prevention. Retrieved from: http://www.cdc.gov/pednss/what_is/pnss_health_indicators.htm
19. Zhu, BP. Effect of Interpregnancy Interval on Birth Outcomes: Findings from Three Recent U.S. Studies. International Journal of Gynecology & Obstetrics. April 2005.
10. Single-Parent Families in Poverty. Retrieved from: http://www3.uakron.edu/schulze/401/readings/singleparfam.htm

CHILDREN FIRST ACTIVITIES

REFERRALS

Each team of nurses has developed unique strategies to reach potential clients in their respective counties. Lead nurses have provided outreach to private physicians, the Indian Health Service, the Oklahoma Health Care Authority, public schools, and local community agencies. There were 4,618 referrals made to the Children First program. Of these, 3,025 met the eligibility guidelines. Among the women who were not eligible to participate, referrals were made to the Oklahoma State Department of Health Child Guidance Service and other home visitation programs such as Start Right, Oklahoma Parents as Teachers, and SafeCare.

Figure 14

ENTITIES REFERRING TO CHILDREN FIRST	
REFERRAL SOURCE	#
Women, Infants, and Children	2,237
Health Department Family Planning	1,408
Other	580
Self-Referral	96
Community Connector	55
Medical Provider	34
Private Physician	32
parentPro	29
Health Department Maternity	21
School	17
Current/Past Client	15
Community-Based Agency	14
Faith-Based Organization	14
Other Home Visiting Program	11
Other Pregnancy Testing Clinic	11
Family/Friend/Neighbor	10
Early Learning/Childcare Provider	9
Hospital	6
Indian Health Service	5
Department of Human Services	4
Judicial System	4
Baby Line	2
HMO/Health Care Plan	2
Court System	1
Supplemental Nutrition Assistance Program	1

Yalissa Granados
OKLAHOMA COUNTY

Figure 15

SERVICES	
TYPES OF REFERRALS AND SERVICES	#
Referrals	4,618
Eligible Referrals	3,025
New Enrollees	1,356
Families Served	2,582
Completed Visits	26,729
Births	767

Figure 16

2016 COUNTY DATA

County Name	Completed Visits	Referrals	Families Served	New Enrollees	Births
ADAIR	146	28	21	12	5
ALFALFA	31	9	9	3	1
ATOKA	2	10	8	1	0
BEAVER	14	1	1	0	1
BLAINE	284	23	27	13	10
BRYAN	0	1	0	0	0
CADDO	138	45	18	8	6
CANADIAN	1,130	130	99	44	40
CARTER	271	43	43	14	12
CHEROKEE	780	58	71	24	13
CHOCTAW	79	36	15	6	0
CIMARRON	1	4	1	1	0
CLEVELAND	2,554	261	225	77	61
COAL	39	13	11	6	0
COMANCHE	503	136	85	30	16
COTTON	0	0	0	0	0
CRAIG	231	48	27	8	2
CREEK	0	0	0	0	0
CUSTER	364	94	34	24	18
DELAWARE	416	48	31	10	5
DEWEY	0	0	0	0	0
ELLIS	60	4	5	3	1
GARFIELD	439	135	146	24	12
GARVIN	305	58	41	18	16
GRADY	212	80	42	19	6
GRANT	52	3	8	1	1
GREER	29	13	4	3	0
HARMON	18	5	2	0	0
HARPER	21	4	2	2	0
HASKELL	77	9	7	3	1
HUGHES	112	17	16	4	2
JACKSON	0	19	0	0	0
JEFFERSON	43	10	9	6	2
JOHNSTON	60	19	12	8	1
KAY	123	110	47	19	3
KINGFISHER	363	30	41	20	13
KIOWA	78	27	9	6	3
LATIMER	31	5	3	1	0
LEFLORE	865	91	67	33	30
LINCOLN	522	47	61	18	13
LOGAN	551	115	137	49	16
LOVE	31	4	5	1	1
MAJOR	22	17	14	3	0
MARSHALL	218	52	41	20	11
MAYES	32	25	4	1	1
MCCLAIN	274	20	27	6	7
MCCURTAIN	406	1	48	36	11
MCINTOSH	244	40	28	11	7
MURRAY	77	18	8	3	3
MUSKOGEE	304	29	35	15	9
NOBLE	11	10	4	1	1
OKFUSKEE	83	20	16	5	3
OKLAHOMA	3,741	855	558	205	123
OKMULGEE	7	15	2	2	0
OTTAWA	720	100	90	43	14
PAYNE	351	151	49	29	17
PITTSBURG	0	0	0	0	0
PONTOTOC	28	21	19	8	0
POTTAWATOMIE	468	137	75	25	11
PUSHMATAHA	146	24	14	7	4
ROGERS	675	66	71	30	27
SEMINOLE	128	48	20	6	4
SEQUOYAH	215	33	32	10	7
STEPHENS	284	116	35	28	6
TEXAS	207	44	49	16	9
TILLMAN	0	8	0	0	0
TULSA	6,396	849	644	293	164
WAGONER	67	7	6	1	1
WASHINGTON	146	44	27	9	1
WOODS	7	7	8	0	0
WOODWARD	435	46	39	21	13
TOTALS	**26,729**	**4,618**	**2,582**	**1,356**	**767**

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